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Fuller, H. L.: Angiology 11:200 (June) 1960.

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*Registered trade mark. Patent applied for.





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The Bulletin of The New York Academy of Medicine, Vol. 37, No. 7, July, 1961. Published Monthly by The New York Academy of Medicine, 2 East 103 Street, New York 29, N. Y. Entered as second-class matter February 3, 1928, at the Post Office at New York, N. Y., under the act of August 24, 1912. Postage paid at New York, N. Y. Annual subscription United States and Canada \$8.00. All other countries \$9.00. Single copies 90c.



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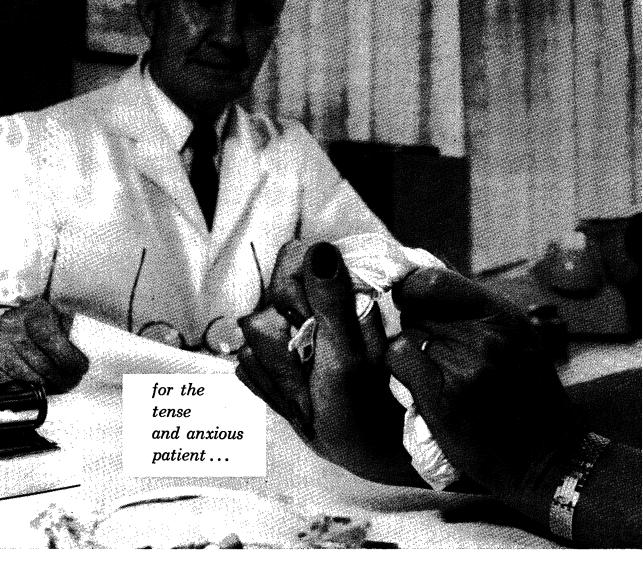
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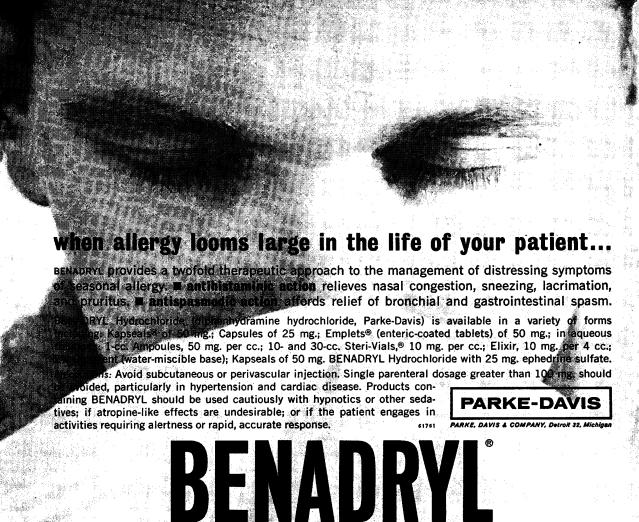
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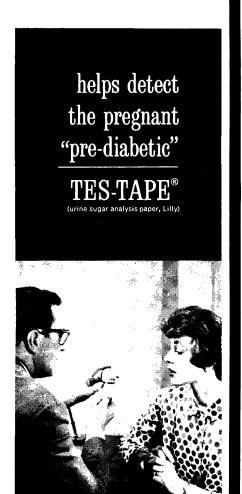


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Wilkerson, H. L. C.: Pregnancy and Diabetes, Diabetes, 6:523, 1957.

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1. Shlevin, E. L.: Pregnancy and Diabetes, Diabetes, 6:523, 1957.

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The physiology, diagnosis and therapy of selected aspects of a specific disease will be presented each day. The program will include panel discussions and individual papers.

Daily Sessions — 10 a.m. to 12 noon, and 1 p.m. to 3 p.m. No evening sessions.

Monday GENETICS

Tuesday Morning — RHEUMATOID ARTHRITIS

Afternoon — SYSTEMIC LUPUS ERYTHEMATOSUS

Wednesday Morning — EPIDEMIOLOGY OF CANCER

Afternoon — BREAST CANCER

Thursday

EDEMA AND ANASARCA

Friday

LIVER DISEASE

A subscription luncheon will be served in the Presidents' Gallery at the Academy each day.

REGISTRATION

Members of the medical profession, including interns and residents, and those working in the allied sciences, are cordially invited to attend all sessions. Registration, WITHOUT FEE, is required for non-Fellows of the Academy.

A detailed program, when published, will be mailed to every Fellow of the Academy without request and to others on request addressed to:

The Secretary, Postgraduate Week
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The course of study, the auspices under which it is to be taken, and the place or places where study is to be pursued, must receive the approval of the Committee. Applicants are favored who, from their records, show themselves capable of advanced work in clinical medicine. The Committee stipulates that the study be pursued abroad, preferably in Great Britain or in continental Europe.

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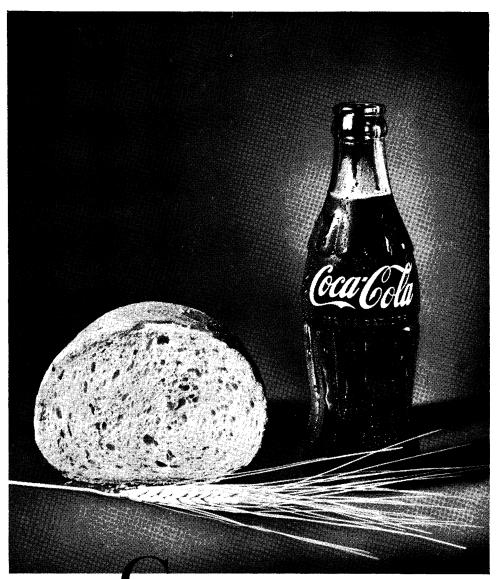
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*Gamble, C.J.: Am. Pract. & Digest. Treat. 11:852 (Oct.) 1960. See also Berberian, D.A., and Slighter, R.G.: J.A.M.A. 168:2257 (Dec. 27) 1958; Kaufman, S.A.: Obst. and Gynec. 15:401 (March) 1960; Warner, M.P.: J.Am.M. Women's A. 14:412 (May) 1959.

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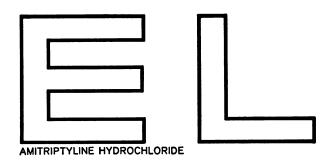
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ANTIDEPRESSANTS		anti- to ai	S stimulants and depressants, if given nxious patients, will ease the anxiety"	+	
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effective in patients with depression... particularly useful in those with predominant symptoms of anxiety and tension...provides prompt relief of anxiety and insomnia associated with depression

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INDICATIONS: Manic-depressive reaction - depressed phase; involutional melancholia; reactive depression; schizoaffective depressions; neurotic depressive reaction; and these target symptoms: anxiety; depressed mood; insomnia; psychomotor retardation; functional somatic complaints; loss of interest; feelings of guilt; anorexia. May be used whether the emotional difficulty is a manifestation of neurosis or psychosis,4 and in ambulatory or hospitalized patients.3,4,5

USUAL ADULT ORAL DOSAGE: Initial, 25 mg. three times a day, until a satisfactory response is noted. Many patients improve rapidly, although some depressed patients may require four to six weeks of therapy before obtaining maximum benefit. In severely depressed patients, as much as 150 mg. per day may be given. Maintenance, 25 mg. two to four times a day. Some patients may be maintained on 10 mg, four times a day. The natural course of depression is often many months in duration. Accordingly, it is appropriate to continue maintenance therapy for at least three months after the patient has achieved satisfactory improvement in order to lessen the possibility of relapse, which may occur if the patient's depressive cycle is not complete. In the event of relapse, therapy with ELAVIL may be reinstituted.

ELAVIL is not a monoamine oxidase (MAO) inhibitor. No evidence of drug-induced jaundice or agranulocytosis has been noted. Side effects (drowsiness, dizziness, nausea, excitement, hypotension, fine tremor, jitteriness, headache, heartburn, anorexia, increased perspiration, and skin rash), when they occur, are usually mild. However, as with all new therapeutic agents, careful observation of patients is recommended. As with other drugs possessing significant anticholinergic activity, ELAVIL is contraindicated in patients with glaucoma.

SUPPLY: Tablets, 10 mg. and 25 mg., in bottles of 100. Injection (intramuscular), 10 mg. per cc., 10-cc. vials. REFERENCES: 1. Perloff, M. M., and Levick, L. J.: Clinical Med. 7:2237, Nov. 1960. 2. Freed, H.: Am. J. Psychiat. 117:455, Nov. 1960. 3. Dorfman, W.: Psychosomatics 1:153, May-June 1960. 4. Ayd, F. J., Jr.: Psychosomatics 1:320, Nov.-Dec. 1960. 5. Barsa, J. A., and Saunders, J. C.: Am. J. Psychiat. 117:739, Feb. 1961. introducing...nutritional support in convenient, tasty, liquid form to supplement inadequate diets... to replace skipped meals



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Vitamin C, mg	50	166	Vitamin B ₁₂ , mcg 0.5
Thiamine, mg	0.5	50	Calcium pantothenate, mg 2
Riboflavin, mg	0.6	50	Sodium, Gm 0.2
Niacinamide, mg	5	50	Potassium, Gm 0.9
Calcium, Gm	0.5	67	Copper, mg 0.5
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references: (1) Nelson, W. E.: Textbook of Pediatrics, ed. 7, Philadelphia, W. B. Saunders Company, pp. 231-233, 1959. (2) Parrott, R. H., and Nelson, W. E.: ibid., p. 759. (3) Johnston, J. A.: Ann. New York Acad. Sc. 69:881-901 (Jan. 10) 1958. (4) Burke, B. S., and Kirkwood, S. B., in Greenhill, J. P.: Obstetrics, ed. 12, Philadelphia, W. B. Saunders Company, 1960, pp. 126-131. (5) Skillman, T. G.; Hamwi, G. J., and May, C.: Geriatrics J5:464-472 (June) 1960.



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